

How do I change plans?

To avoid coverage gaps, please contact your current QHP and the QHP you want to enroll in about the best days to change plans. If you enroll by the 15th day of the month, your coverage will begin on the first day of the next month. If you enroll after the 15th, the effective date will be the following month. For example, if you enroll on May 16th, you will not have coverage until July 1st.

What is the exemption from the shared responsibility payment?

Every person needs to have health coverage or make a payment on their federal income tax return called the "shared responsibility payment." Members of federally recognized tribes, ANCSA shareholders, and individuals who are otherwise eligible for services through an ITU may obtain an exemption from the shared responsibility payment through the tax filing process or by filing a tribal exemption application.

You can access the Tribal Exemption Application online here:

Tribal Exemption Application:

<http://marketplace.cms.gov/getofficialresources/publications-and-articles/tribal-exemption.pdf>

Exemption Instructions:

<http://marketplace.cms.gov/getofficialresources/publications-and-articles/exemption-application-instructions.pdf>



Not sure what to do next

To learn more about help available, contact your Indian Health Care Provider.

Talk to someone who can help you find the answers, like your local:

- Indian Health Care Provider,
- Community Health Representative (CHR),
- Doctor or Field Nurse,
- Social services office, or
- Navigator or in-person assistor

Visit or Call:

- go.cms.gov/AIAN
- www.healthcare.gov/tribal
- www.healthcare.gov/contact-us → Go to "Find Local Help"
- **Call Center:** 1-800-318-2596; TTY 1-855-889-4325. Available 24 hours a day, 7 days a week.



Bringing Better Health Care to Tribal Communities

American Indian / Alaska Native

Important facts about

THE MARKETPLACE

**The Health Insurance Marketplace for
American Indians and Alaska Natives**



MARKETPLACE BACKGROUND

What is the Health Insurance Marketplace (the Marketplace)?

The Marketplace is a resource where individuals, families, and small businesses can learn about their health coverage options, compare health insurance plans based on costs, benefits, and other important features, choose a plan, and enroll in coverage.

American Indians and Alaska Natives (AI/ANs) who enroll in health insurance on the Marketplace can continue to receive health care from the Indian Health Service (IHS), tribes or tribal organizations, or urban Indian organizations (ITUs). By enrolling in the Marketplace, AI/ANs benefit by having greater access to services that may not be provided by their ITU; and the tribal communities benefit through increased resources to their health programs.

What kind of health benefits do you receive when you enroll in a Marketplace health plan?

The Affordable Care Act (ACA) ensures Marketplace health plans, referred to as Qualified Health Plans (QHP), offer a comprehensive package of items and services, known as essential health benefits (EHBs):

- Outpatient care you get without being admitted to a hospital (ambulatory patient services)
- Visits to the emergency room
- Hospitalization
- Maternity and newborn care
- Mental health, behavioral health, and substance abuse treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices (such as physical, occupational, or speech therapies that help improve skills for daily living)
- Laboratory services
- Preventive and wellness services and chronic disease management (such as screenings, check-ups, and monitoring and coordinating treatment)
- Pediatric services (including oral and vision care)

How do I enroll in the Marketplace?

It depends on whether your Marketplace is operated by the state (State Based Marketplace), the federal government (Federally Facilitated Marketplace), or a combination. In states that operate their own Marketplace, you will use the state's Marketplace website. In states where the federal government runs the Marketplace, you will use www.healthcare.gov.

To get started, visit www.healthcare.gov/how-do-i-apply-for-marketplace-coverage/ for a

step-by-step guide to applying to the Marketplace, where you can set up an account with a user name and password.

You can also download a copy of the paper application here:

<http://marketplace.cms.gov/getofficialresources/publications-and-articles/marketplace-application-for-family.pdf>

To get started filling out your application, you will need the following: an email address, documents showing membership in a federally recognized tribe or Alaska Native Claims Settlement Act (ANCSA) Corporation Shareholder (regional or village), social security numbers, and information about people in your tax household. In general, you will be asked to provide income information that is reportable on your federal income tax return. Remember, you will NOT report Indian income that IRS exempts from taxation.

What are the types of QHPs?

There are four types of QHPs in the Marketplace, referred to as "metal levels": Bronze, Silver, Gold, and Platinum." Each plan pays different amounts of the total costs of your care. AI/ANs can enroll in a zero cost sharing or limited cost sharing plan at any metal level.

Because AI/ANs qualify for zero or limited cost-sharing, a Bronze or Silver plan might be the most beneficial because these plans have the lowest premiums, even though they might have higher co-pays, deductibles, and co-insurance.

What are the special protections for AI/ANs who enroll in the Marketplace?

- Cost sharing Reductions
- Special Enrollment Periods (SEPs)
- Exemption from the Shared Responsibility Payment

What are cost-sharing reductions?

Members of federally recognized tribes and ANCSA shareholders qualify for cost sharing reductions, which means no out of pocket costs, like copays, deductibles, and co-insurance, when you are enrolled in a QHP and receive EHBs.

The exemption from cost sharing does not include premiums. However, based on your income, you may qualify for Advanced Premium Tax Credits (APTC) that may help pay part or all of your premiums. When you apply for health insurance, you will find out the amount of your APTC. Some tribes have elected to pay premiums on behalf of tribal members. Check with your tribe to find out more.



If your income is at or below 300 percent of the federal poverty level:

You can enroll in a zero cost sharing plan, which means you don't pay co-pays, deductibles, or co-insurance when you receive care from ITU providers or when you receive EHBs when enrolled in a QHP. You do not need a referral from your ITU provider to get zero cost sharing when you receive care outside the ITU system.

If your income is above 300 percent of the federal poverty level:

You can enroll in a limited cost sharing plan, which means you don't pay co-pays, deductibles, or co-insurance when you receive care from an ITU or when you receive EHBs when enrolled in a QHP with a referral from Purchased/Referred Care. However, if you do not have a Purchased/Referred Care referral and you receive care outside the ITU system, you may be responsible for your co-pay, deductible, and co-insurance.

For more information about the current federal poverty levels, please visit:

<https://www.healthcare.gov/glossary/federal-poverty-level-FPL/>

What are Special Enrollment Periods?

Members of federally recognized tribes and ANCSA shareholders are eligible for SEPs, which allow them to enroll in health coverage monthly, rather than only during the yearly open enrollment period. Family members who are on a single Marketplace application are eligible for the SEP if one of the members on the application is a tribal member or ANCSA shareholder. For families in a State Based Marketplace, please visit your state's website to apply for a SEP. Your state may handle SEPs for AI/ANs differently.

